

Home Energy Assistance Program

STEP 1 APPLICATION

Fill Out Required Forms

- ☐ **HEAP Application** - front and back of Application – sign both places
- ☐ **Certification of Income and Expenses Form*** - Any person(s) in your household related or not who is 19 years or older who receive cash income or has no income **MUST** fill out this form.
- ☐ **Weatherization Service Agreement** form for renters and homeowners who want **FREE** energy efficient upgrades to help reduce energy costs.

STEP 2 ENERGY BILL

Submit One of the Following

All documents **MUST** be within **30 days** from when you turn in your Application

- ☐ **All Pages** of your Energy Bill (include Shut Off Notice if you have one)
 - PG&E, Palo Alto or Santa Clara Utilities (need at least 22 days of service)
 - Sub-metered Bill
 - Letter from Property Manager energy is included in rent
 - Rent Receipt showing monthly energy cost

STEP 3 HOUSEHOLD INCOME

Attach Documents

- ☐ Proof of Household Income for the last **30 days** (**MUST** show **Gross Income**)
 - Paystubs (Consecutive pay periods)
 - SSI/SSA/SSDI Award Letter for current year or bank statement showing direct deposit
 - TANF (must show name) • Child Support • EDD • GA • Pension
 - Self-employment – P&L Statement or 1040 Tax with Schedule C
 - *Certification of Income & Expenses (included in packet)

Please send copies only – we do not return documents

STEP 4 Submit Application

- ☐ Mail Application to HEAP- 1381 S. First St.- San Jose, CA 95110
- ☐ **Walk-in** to Sacred Heart Community Service at the above address –
Hours: Monday-Thursday 9AM - 4PM, Friday 9AM-12PM
- ☐ Drop-off your application anytime in the HEAP drop box, located at the right of the main entrance door (off W. Alma Street) 24/7.

You will hear from us within 15 business days from receiving your application



Home Energy Assistance Program

1-877-278-6455

ENERGY SAVING TIPS

Many of these energy saving tips can be obtained by applying to the Weatherization Program.

- Replace your old light bulbs with ENERGY STAR® Compact Fluorescent Lamp (CFL) and **save up to \$210 per year!**
- Turn off faucet while brushing your teeth and **save up to \$161 per year!**
- Turn off/unplug appliances not in use and **save up to \$131 per year!**
- Remove and recycle second refrigerator/freezer and **save up to \$409 per year!**
- Plug air leaks and weather-strip your doors and windows to **save up to \$464 per year!**
- Turn off unnecessary lights and **save up to \$161!**
- Turn Thermostat Down 1-2 degrees (68F) and **save up to \$210 per year!**
- Take Shorter showers and **save up to \$161 per year!**
- Cook double the recipe and freeze half for later and **save up to \$62 per year!**
- Cut water use by 10%-20% and **save up to \$107 per year!**
- Wash clothes in cold water and **save up to \$7 per year!**
- Wash full loads of clothes and **save up to \$5 per year!**
- **Replace** and **recycle** your old refrigerator and purchase energy-efficient models. Units only 10 years old can use twice as much electricity as a new ENERGY STAR® labeled.

Estimated annual saving of up to \$2,088

Consejos Para Ahorrar Energía

Varios de los siguientes consejos de energía pueden ser adquiridos a través del programa de Climatización (Weatherization Program).

- Reemplace sus bombillas actuales por unas de ENERGY STAR® Lámpara Fluorescente Compact (CFL) y **ahorre hasta \$210 al año!**
- Cierre la llave de agua mientras se lava los dientes y **ahorre hasta \$161 al año!**
- Apague/desconecte electrodomésticos que esté usando en el momento y **ahorre hasta \$131 al año!**
- Elimine o recicle su segundo refrigerador/congelador y **ahorre hasta \$409 al año!**
- Tape fugas de aire y coloque tiras protectoras (burletes) en ventanas y puertas y **ahorre hasta \$409 al año!**
- Apague las luces que no esté usando y **ahorre hasta \$161 al año!**
- Baje 1-2 grados su termostato (68F) y **ahorre hasta \$210 al año!**
- Tome duchas más cortas y **ahorre hasta \$161 al año!**
- Cocine doble la receta y congele la mitad para otro día y **ahorre hasta \$62 al año!**
- Reduzca el uso de agua de 10%-20% y **ahorre hasta \$107 al año!**
- Lave su ropa en agua fría y **ahorre hasta \$7 al año!**
- Lave cargas completas de ropa y **ahorre hasta \$5 al año!**
- Reemplace y recicle su refrigerador y compre electrodomésticos de bajo consumo de energía. Los que tienen solo 10 años pueden usar el doble de electricidad a diferencia de uno nuevo etiquetado ENERGY STAR®.

Estimación de ahorros anuales hasta \$2,088

**If you are interested in Budget Counseling, please call
1-877-278-6455**

**Si usted esta interesado en consejería, porfavor
llame al 1-877-278-6455**

KEEP THIS FOR YOUR INFORMATION

MANTEGNA ESTA INFORMACIÓN PARA USTED

Energy Intake Form CSD 43 (10/2017)

First name	Middle Initial	Last Name	Date of Birth (MM/DD/YY) ____/____/____
Mailing Address			Unit Number
City	Mailing County SANTA CLARA	Mailing State CA	Mailing Zip Code
SERVICE ADDRESS – Address where you live (this <i>cannot</i> be a P.O. Box): Is your service address the same as mailing address?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, please complete service information below. Have you lived at this residence during each of the past 12 months?..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
Service Address			Unit Number
Service City	Service County SANTA CLARA	Service State CA	Service Zip Code
Social Security Number (SSN):	Telephone Number () _____		

E-mail Address:

(Optional) If you do not speak English, what language do you speak?

PEOPLE LIVING IN HOUSEHOLD

Enter the total number of people living in the household, including you →

Enter total number of adults who receive income →

Demographics - Enter the number of people living in the household related or not who are:

Ages 0 – 2 Years	
Ages 3 - 5 years	
Ages 6 - 18 years	
Ages 19 – 59 years	
Ages 60 and older	
Disabled	
Native American	
Limited English	
Seasonal or Migrant Farmworker	

Enter total gross monthly income for all people living in the household. Gross income is the amount of money received before taxes or anything else is taken out.

Paycheck(s)	\$
SSI / SSP	\$
SSA / SSDI	\$
TANF / CalWorks / GA / CAPI	\$
Interest	\$
Pension / Annuity / Premium	\$
Cash	\$
Other	\$
Total Gross Income	\$

List anyone living under the same roof – related or not

If you have more than 8 people in your household, you can write the information on a separate piece of paper.

First Name	Last Name	Relation to Applicant	Date of Birth MM/DD/YY	Amount of Gross Monthly Income	Source of Income
1.		Self			
2.					
3.					
4.					
5.					
6.					
7.					
*8.					

Household Total Monthly Gross Income \$

Are you or someone in your household CURRENTLY receiving CalFresh (Food Stamps)? ☐ Yes ☐ No

ENERGY ACCOUNT INFORMATION

Form 081 ☐ Yes ☐ No

To which energy bill (CHOOSE ONLY ONE) do you want the LIHEAP benefit to be applied? (Attach a copy of the bill or receipt within the last 30 days)

☐ Natural Gas ☐ Electricity ☐ Wood ☐ Propane ☐ Fuel Oil ☐ Kerosene ☐ Other FuelList energy company and account #: **Company Name:** _____ **Account #:** _____Is the utility bill under your name? **Electric Bill** ☐ Yes ☐ No **Natural Gas Bill** ☐ Yes ☐ NoAre your utilities included in rent or sub-metered? ☐ Yes ☐ No ☐ N/A**ELECTRIC SERVICE**

Is your electricity shut-off?

☐ Yes ☐ No

Do you have a past due notice? (If yes, attach copy of the notice along with the bill)

☐ Yes ☐ No

Are your utilities all electric?

☐ Yes ☐ No**NATURAL GAS SERVICE**

Is your Natural Gas Company the same as your electric Company?

☐ Yes ☐ No ☐ N/A

Is your Natural Gas shut-off? (If yes, attach copy of the notice along with the bill)

☐ Yes ☐ No

Do you have a past due notice?

☐ Yes ☐ No**ENERGY INFORMATION:** The questions below are **MANDATORY**. Please check all energy sources used to heat your home. A copy of **all** recent energy bills and/or receipts for any home energy cost **must** be provided. NOTE: A copy of an electric bill must be included even if you do not use electricity to heat your home.**What is the main source used to HEAT your home?** A main heating source **MUST** be checked. Attach a copy of the bill or receipt within the last 30 days.☐ Natural Gas ☐ Electricity ☐ Wood ☐ Propane ☐ Fuel Oil ☐ Kerosene ☐ Other Fuel**Do you ever use any of the following to heat your home besides what you selected above? (you can select more than one):**

Attach a copy of the bill or receipt within the last 30 days.

☐ Natural Gas ☐ Electricity ☐ Wood ☐ Propane ☐ Fuel Oil ☐ Kerosene ☐ Other Fuel ☐ N/A**AGENCY NAME:** Community Services and Development (CSD). **UNIT RESPONSIBLE FOR MAINTENANCE:** Home Energy Assistance Program (HEAP). **AUTHORITY:** Government Code Section 16367.6 (a) Names CSD as the agency responsible for managing HEAP. **PURPOSE:** The information you provide will be used to decide if you are eligible for a LIHEAP payment and/or weatherization services. **GIVING INFORMATION:** This program is voluntary. If you choose to apply for assistance, you must give all required information. **OTHER INFORMATION:** CSD uses statistical definitions from the annual update of the Dept of Health and Human Services' State Median Income, Federal Income Poverty Guidelines, to determine program eligibility. During application processing, CSD's designated subcontractor may need to ask you for more information to decide your eligibility for either or both programs. **ACCESS:** CSD's designated subcontractor will keep your completed application and other information, if used, to determine your eligibility. You have the right to access all records holding information about you. CSD does not discriminate in the provision of services on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex, age, or sexual orientation.

The information on this application will be used to determine and verify my eligibility for assistance. By signing below, I give my consent (permission) to CSD, its contractors, consultants, other federal or state agencies (CSD Partners) and to my utility company and its contractors, to share information about my household's utility account, energy usage and/or other information needed to provide services and benefits to me as described at the end of the form. My consent shall be effective for the period beginning 24 months prior to, and continuing for 36 months after, the date signed below. I understand that if my application for LIHEAP/DOE benefits or services is denied, or if I received untimely response or unsatisfactory performance, I may initiate a written appeal with the local service provider and my appeal shall be reviewed no later than 15 days after the appeal is received. If I am not satisfied with the local service provider's decision I may then appeal to the Department of Community Services and Development pursuant to Title 22, California Code of Regulations section 100805. If applicable, I hereby authorize installation of weatherization measures to my residence at no cost to me. I declare, under penalty of perjury, that the information on this application is true, correct, and that the funds received will be used solely for paying my energy costs.

X

*** APPLICANT'S SIGNATURE ***

Today's Date

Energy Savings Tips: I have received information regarding changes I can make to reduce energy use in my home.
Energy tips are on the backside of the coversheet.

X

*** APPLICANT'S SIGNATURE ***

Today's Date

APPLICANT: DO NOT FILL OUT THE INFORMATION BELOW. THIS SECTION IS FOR OFFICIAL USE ONLY.

ACC# _____ Priority Points _____ Energy Cost \$ _____ Energy Burden: _____ %

Utility Assistance being provided under which program ☐ HEAP ☐ Fast Track ☐ DENIEDTotal Benefits \$ _____ Supplements \$ _____ ☐ Home referred for WX ☐ Home already weatherizedEnergy Services Restored after disconnection : ☐ Yes ☐ No Disconnection of Energy Services prevented: ☐ Yes ☐ No**Agency Defined Priorities:** ☐ Medically Needy ☐ Frail Elderly ☐ Severe Financial Hardship ☐ Hard to Reach ☐ Priority Offsets ☐ N/A**Type of Dwelling:**
☐ SFD – Rental, 1 unit ☐ SFD – Owner, 1 unit ☐ Mobile Home (Owner) ☐ Mobile Home (Rental)
☐ MFD – Rental, 2 - 4 units ☐ MFD – Owner, 2 - 4 units ☐ Unoccupied MFD: 2 – 4 units
☐ MFD –(Owner) 5 or more units ☐ MFD –(Rental) 5 or more units Total # of residents: _____
☐ Unoccupied MFD: > 5 units ☐ Shelter: # of units _____

Eligibility Certification Date: _____ Intake Date: _____ Intake Initials Eligibility _____

CERTIFICATION OF INCOME AND EXPENSES FORM

The State of California requires the applicant to report all sources of income. If you are the applicant for HEAP and you DO NOT have income OR received cash income, please complete this form. All adults (19 or older) in your household that earn cash income or cannot provide proof, must fill out this form.

Name of Adult: _____ Address: _____

Please check any that apply:

☐ I receive cash income from other sources (for example, house cleaning, yard work, babysitting, redeeming cans, bottles, selling personal items).
☐ I have NO income (Go to Section 2) ☐ I am a full-time student with no income (Go to Section 2) ☐ I work full time

Section 1: Tell us about your income sources							
1	During the previous month have you been employed part time?					YES	NO
2	During the previous month have you owned your own business?					YES	NO
3	During the previous month did you receive money for any work that you perform only once in a while, like yard work, babysitting, donating blood, etc.?					YES	NO
4	During the previous month have you received any gifts of money from anyone? If yes, please list the name and phone number of the person who gave you the gift:					YES	NO
5	During the previous month did you receive any of the following: (circle any that apply)					YES	NO
	Worker's Comp	Unemployment	Government Sponsored Benefits	Child Support			
6	Do you receive any of the following (circle any that apply)					YES	NO
	Annuity Payment	Pension	Tribal Casino Payments	Rental Income	Insurance Benefits		

Section 2: How did you pay these monthly expenses during the previous months?						
Expense	Monthly Cost	SSI/SSA or Program	Using other asset. What?	Using credit cards	If borrowing or loan, how long?	If someone else pays your expenses, please complete:
Rent or Mortgage	\$					Name:
						Address:
						Phone:
Electric / Gas Bills	\$					Name:
						Address:
						Phone:
Food	\$					Name:
						Address:
						Phone:

Section 3: Please explain how your monthly expenses were paid

By signing this form, I affirm that I believe these facts are accurate and true. I give the Service Provider my permission to verify this information. I may be held liable under federal or state law for knowingly making false or fraudulent statements.

Signature _____

Date _____

Official Use: Put Notary stamp below, if needed (DOE only) or have Executive Director sign here.

CERTIFICACIÓN DE INGRESOS Y GASTOS

(Complete una forma por cada adulto en su vivienda que tiene 18 años o más o NO tiene comprobantes de ingresos)

A usted se le esta pidiendo completar esta forma porque usted estableció en su aplicación que ninguna de las personas que viven con usted pueden proveer comprobantes de ingresos. El Estado de California solicita que el aplicante reporte todas las fuentes de ingresos. Esta forma nos ayudará a comprender como usted cubre todos sus gastos. Por Favor, complete la información que se le solicita a continuación:

Nombre: _____ Domicilio: _____

Por favor, marque aquellos que aplican para usted:

- ☐ Recibí dinero en efectivo provenientes de otras fuentes (limpieza de casas, jardineria, cuidado de niños, reciclaje, botellas, u otros)
☐ No tengo ingresos (Vaya a sección 2) ☐ Soy estudiante a tiempo completo y no tengo ingresos (Vaya a sección 2)
☐ Ninguna de las anteriores

Seccion 1: Tiene usted fuentes de ingreso que olvido reportar?

1	Durante los meses anteriores ha trabajado usted a tiempo parcial?	SI	NO
2	Durante los meses anteriores ha trabajado usted por cuenta propia?	SI	NO
3	Durante los meses anteriores recibió usted ingresos por algún trabajo que realizó esporádicamente, como jardinero, cuidado de niños, donante de sangre u otros?	SI	NO
4	Durante los meses anteriores ha recibido usted regalos en dinero de alguien? Si su respuesta es SI, por favor, escriba el nombre y teléfono de la persona que le regaló ese dinero:	SI	NO
5	Durante los previos meses recibió usted alguno de los siguientes beneficios: encierre en un círculo aquello que usted ha recibido Compensación del trabajo Desempleo Programas de Gobierno Mantención de los hijos	SI	NO
6	Recibió usted alguno de los siguientes beneficios: (encierre en un círculo aquellos que usted ha recibido) Pago de Anualidades Pensión Ingresos por Alquiler Beneficios de Seguro Pagos Tribales	SI	NO

Seccion 2: Por favor, díganos como ha pagado sus gastos mensuales durante los meses anteriores:

Gastos	Gastos Mensuales	Otro Programa	Otros Activos	Tarjeta de Crédito	Pide prestado de otra fuente?	Si alguien le ayuda a pagar sus gastos mensuales, por favor complete abajo:
Renta o Hipoteca	\$					Nombre: Dirección: Teléfono:
Facturas de Servicios Públicos	\$					Nombre: Dirección: Teléfono:
Alimentación	\$					Nombre: Dirección: Teléfono:

Seccion 3: Si ninguna de las opciones anteriores lo representan, por favor, explique como cubre sus gastos mensuales:

Al firmar este formulario, yo afirmo que estos hechos son exactos y veraces. Otorgo al proveedor de servicios permiso para verificar esta información. Puedo ser responsable bajo la ley estatal o federal por dar información falsa y fraudulenta.

Firma

Fecha

Uso Oficial: Ponga sello notarial abajo, si es necesario.
(solo DOE) o el Director Ejecutivo puede firmar aquí.

Department of Community Services and Development

Account Holder Authorization and Consent Form

CSD Form 081 (Rev. 12/17)

ACCOUNT HOLDER NAME(S) AND MAILING ADDRESS

Energy Account Holder's Full Name		
Account Holder's mailing address (Street)		Unit Number (if any)
(City)	State	Zip Code
Is the utility service address the same as the account holder's mailing address? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Full Name of HEAP Applicant		
Utility Service Address (Street)		Unit Number (if any)
(City)	State CA	Zip Code

UTILITY INFORMATION

Please enter your utility company name and service account number below (you can find the account number on your bill). If different companies provide your electricity and gas services, please enter the name and account number for both utilities.

Name of Utility Company	Service Account Number
Name of Utility Company (if you have a second Utility Company)	Service Account Number

AUTHORIZATION AND CONSENT

By signing this form, you (Energy Account Holder) give your authorization and consent (permission) to CSD, its contractors, consultants, other federal or state agencies (CSD Partners) and to your utility company and its contractors, to share information about your property's utility account, meter usage and energy consumption data, and other information as needed for the period beginning 24 months prior to, and continuing for 36 months after, the date signed below. The information you authorize us to obtain and share will be used for the purposes of evaluating home energy usage of program beneficiaries so that CSD can: a) measure the effectiveness of the services we provide by determining how much your utility bills are reduced and how much our services reduce carbon emissions (air pollution), and b) report these results to federal and state authorities that fund and oversee energy assistance programs in California. CSD, its contractors, consultants, other federal or state agencies and affiliated programs (CSD Partners), working cooperatively with your utility company and its contractors, use this information to provide services that assist low-income families, such the applicant, to pay their home energy bills and manage those energy needs for the purposes stated in this Authorization.

Signature of Energy Account Holder	Date	Name of CSD Contractor/Partner Organization Sacred Heart Community Service
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REVOCATION OF AUTHORIZATION AND CONSENT

You agree that your consent shall remain in effect for 36 months from the date you sign this Authorization, unless otherwise revoked by written notice mailed to: CSD Energy & Environmental Services Division, 2389 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833. Revocation will be effective upon receipt, but will not apply to any information shared while this Authorization was valid.

APPLICABLE PROGRAMS

Some of the programs CSD oversees or partners with include:

- CSD Federal Low-Income Home Energy Assistance Program (LIHEAP)
- CSD Federal Department of Energy Weatherization Assistance Program (DOE WAP)
- State Low-Income Weatherization Program (LIWP)
- Department of Housing and Urban Development (HUD) Lead Hazard Control and Healthy Homes Program
- Utility Company Energy Savings Assistance (ESA) Program
- Utility Company California Alternate Rates for Energy (CARE) Program

WHY CONSENT IS NEEDED AND HOW THE INFORMATION WILL BE USED

Your consent (permission) for us to obtain and share your utility information, including your energy usage data, is needed for the purposes listed and explained below. CSD, its contractors, consultants, other federal or state agencies and affiliated programs (CSD Partners), working cooperatively with your utility company and its contractors, can provide you with services and benefits available under various programs administered by CSD and your utility companies. The information provided will be shared and retained in accordance with applicable law concerning data security and privacy protections. The information you authorize us to obtain and share will be used for the following purposes:

1. Determine your eligibility for CSD and utility company low-income programs
2. Protect the security of your information and make it easier for you to apply for/receive services by limiting the number of times you must provide the same information about yourself and your household, your residence, income, utility account(s), energy costs and energy usage
3. Determine which services, benefits and assistance you are qualified to receive, including: payment assistance with your utility bills; weatherization services; energy efficiency services; emergency energy services; health and safety measures; solar energy services; consumer information and energy tips
4. Evaluate your home's energy usage so that CSD can: a) measure the effectiveness of the services we provide by determining how much your utility bills are reduced and how much our services reduce carbon emissions (air pollution), and b) report these results to federal and state authorities that fund and oversee energy assistance programs in California.

You understand that some services may not be available to you unless you consent to share/release information as stated in this Authorization. You agree that this consent covers utility account, billing and usage information, including up to twelve months of historical data prior to the date of this Authorization, information about any prior weatherization services provided, and subsequent data throughout the period that this Authorization is in effect.

CSD and CSD Partners agree to access and share only the information and data necessary to provide energy assistance services for which you are determined eligible, and to fulfill state and federal requirements for operating these programs. If you are determined not to be eligible for services, no utility information will be accessed or exchanged. CSD and CSD Partners will safeguard your privacy and will store any information gathered in accordance with the security requirements set forth in state law.

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WEATHERIZATION SERVICE AGREEMENT
ACUERDO DE CLIMATIZACIÓN

Sacred Heart Community Service (Contractor) agrees to install certain weatherization and energy conservation measures at **NO COST TO THE OWNER** for the following dwelling unit(s).

El Servicio Comunitario del Sagrado Corazón se compromete a instalar servicios gratuitos de climatización/insolación para la unidad/es en este acuerdo.

SECTION/SECCIÓN 1: Must be completed by the applicant. If you are also the owner, please complete and sign SECTION 2.
Complete y firme la Sección 1. Si usted es el dueño, por favor complete la SECCIÓN 2.

Applicant Name/Nombre			
Street Address/Domicilio Apt# _____		City/Ciudad	State CA
Daytime phone number/# de teléfono durante el día: (____) _____		Afternoon/evening phone #/ número de teléfono durante la tarde/noche: (____) _____	
Please Check ONE ONLY/Marque UNO: <input type="checkbox"/> Owner/Dueño OR/O <input type="checkbox"/> Renter/Inquilino		Please Check ONE ONLY/Marque UNO: <input type="checkbox"/> Single Home/Casa <input type="checkbox"/> Apartment/Apartamento <input type="checkbox"/> Mobile Home/Casa Móvil	
Signature/Firma		Date/Fecha:	

SECTION/SECCIÓN 2: Must be completed and signed by owner/authorized agent./Esta sección requiere la firma del dueño de casa.

Name of Owner or Property Management Company Nombre del dueño o agente autorizado:	Name of Property Management Company Compañía que maneja la propiedad:
Mailing Address/Domicilio donde recibe correo:	Daytime Phone/Número de teléfono durante el día:
What year was this unit built? /¿En qué año fue construida esta casa? _____ <input type="checkbox"/> Do not know/No lo sé	Is this a HUD assisted unit? / ¿Está unidad es subsencionada por HUD? <input type="checkbox"/> Yes/Si <input type="checkbox"/> No <input type="checkbox"/> Do not know/No lo sé
Owner's Signature/Firma del Dueño:	Date/Fecha:

Owner/Dueño: By signing this form, the owner/owner's agent, and the tenant grant the contractor permission to enter the dwelling unit and to perform or install weatherization measures, minor home repair, and/or rehabilitation including, but not limited to, repair or replacement of doors and windows, caulking, door thresholds, water heater blankets and pipe wrap, insulation, setback thermostat, carbon monoxide detectors, repair or replacement of inefficient or unsafe gas appliances (furnaces/stoves/water heaters), and additional measures to prevent loss of heat and reduce the amount of energy consumption to the above-described unit, and agree to the following:

1. The owner/owner's agent shall not raise the rent of the unit for a period of 2 years or evict the unit's resident because of the increased value of the unit **due solely to** weatherization measures, minor home repair, and/or rehabilitation provided by the contractor.
2. The owner/owner's agent, and the tenant shall retain all applied measures in the residence that where installed.
3. The tenant authorizes the contractor access to utility company records to obtain only energy usage data for a period of one year before and one year after weatherization measures, minor home repair, and/or rehabilitation are completed.

Sacred Heart Community Service agrees to the following:

1. Shall be responsible for the cost of weatherization measures, minor home repair, and/or rehabilitation performed.
2. Shall ensure that the agency is insured and shall be responsible for damage to unit premises, furnishing, and/or resident(s) that is caused by weatherization activities, minor home repair, and/or rehabilitation.
3. Shall schedule weatherization services, minor home repair, and/or rehabilitation at the convenience of all parties.
4. Shall provide weatherization services, minor home repair, and/or rehabilitation only to tenants eligible under program requirements.
5. Shall assure that the owner/owner's agent, and tenant data shall be maintained in a confidential manner to assure compliance with the Information Practices Act of 1977, as amended and the Federal Privacy Act of 1974, as amended.

OFFICIAL USE ONLY. DO NOT FILL OUT INFORMATION BELOW.

Eligibility Intake Date:	DJSN:	JobSN:	AppSN:
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FREE Home Weatherization Services for Renters & Homeowners!

Receive energy efficient upgrades to your home:

Windows	Doors
Furnaces	Water Heaters
Refrigerators	Smoke Alarms
Insulation	Weather Stripping
Porch Lamps	And much more

This Program is 100% FREE of cost to homeowners and renters, including residents of mobile homes.

Home Energy Assistance Program (HEAP) helps income-eligible families with a credit of **\$196-\$327** on their energy bill. Weatherizing your home could help lower your energy usage and utility costs.

You may qualify for **HEAP & FREE Weatherization** services if your monthly household gross income is less than the income guidelines listed at the bottom of this page.

GRATIS Programa de Climatización para el Hogar

Reciba reparos de eficiencia energética para su hogar:

Ventanas	Puertas
Hornos	Calentadores de Agua
Refrigeradores	Detectores de humo
Insolación	y mucho más

Este programa es 100% gratuito para propietarios de viviendas, inquilinos, y residentes de casas móviles.

Programa de Asistencia de Energía para Hogar (HEAP) ayuda a familias con un crédito de **\$196-\$327** en su factura de energía. La **climatización** de su hogar podría ayudar a reducir su consumo de energía y costos de servicios públicos.

Usted puede calificar para **HEAP** y servicios gratuitos de **climatización** si su ingreso familiar bruto mensual es menos que la cantidad que figura en la **Guía de Ingresos** en la parte inferior de esta página.

INCOME GUIDELINES / GUÍA DE INGRESOS

Size of Household/ # de Personas en el Hogar	Monthly Income/ Ingreso Mensual	Annual Income/ Ingreso Annual
1	\$2,097.98	\$25,175.76
2	\$2,743.52	\$32,922.24
3	\$3,389.05	\$40,668.60
4	\$4,034.58	\$48,414.96
5	\$4,680.12	\$56,161.44
6	\$5,325.65	\$63,907.80
7	\$5,446.69	\$65,360.28
8	\$5,567.73	\$66,812.76
9	\$5,688.76	\$68,265.12
10	\$5,809.80	\$69,717.60